

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026583

STATE FILE NUMBER

FILED JUL 22 1958		Registration District No. 292		Primary Registration District No. 4434		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY <u>Ralls,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls,</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Center, Mo.</u>				c. CITY OR TOWN <u>Center, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Center, Mo.</u>				Length of stay in 1b <u>12Yrs</u>		d. STREET ADDRESS (If outside, give location) <u>Center, Mo.</u>	
3. NAME OF DECEASED (Type or print) First <u>CORNELIUS</u> Middle <u>E.</u> Last <u>MONTGOMERY.</u>				4. DATE OF DEATH Month <u>July</u> Day <u>1</u> Year <u>1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Feb 28, 1875</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Scott Co, Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13. FATHER'S NAME <u>James T. Montgomery.</u>			
14. MOTHER'S MAIDEN NAME <u>Sarah E. Scott.</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT Address <u>Harry Montgomery. Hannibal, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Apoplexy</u> DUE TO (b) <u>Carcinoma of Bladder</u> DUE TO (c) <u>Unknown</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>None Known</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u> <u>2 years</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. TIME OF INJURY Hour <u>4:00</u> Month, Day, Year <u>June 16 '58</u>				20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20f. CITY, TOWN, OR LOCATION <u>Center, Mo.</u>				20g. COUNTY <u>Ralls Co,</u> STATE <u>Mo.</u>			
21. I attended the deceased from <u>June 16 '58</u> to <u>July 1 '58</u> and last saw her alive on <u>July 1 '58</u> Death occurred at <u>4:00</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>E. H. Brooks</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>Center, Mo.</u>			
22c. DATE SIGNED <u>7-3-58</u>				23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
23b. DATE <u>7-3-1958</u>				23c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery.</u>			
23d. LOCATION (City, town, or county) <u>Ralls Co,</u>				23e. STATE <u>Mo.</u>			
24. FUNERAL DIRECTOR <u>Clyde C. Wiering</u> ADDRESS <u>Perry, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7-3-1958</u>			
26. REGISTRAR'S SIGNATURE <u>Clyde C. Wiering</u>				(Licensed Embalmer's Statement on Reverse Side)			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Clyde C. Perry

Licensed Embalmer No..... 38

P. O. Address..... Perry, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (To comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

If this body is not embalmed, fact should be so stated above.